

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

RYAN HEILIMANN	:	
	:	
v.	:	No. 3:14-cv-01271
	:	
STATE TROOPER THOMAS O'BRIEN;	:	
STATE TROOPER PETER P. NEMSHICK;	:	
CORY MOODY;	:	Jury Trial Demanded
AGENT CHRISTOPHER CARDONI;	:	
MOUNT AIRY NO. 1, LLC	:	
d/b/a MT. AIRY CASINO; and	:	
JOHN DOE CASINO DEFENDANTS #1-25;	:	
And	:	
JOHN DOE CASINO DEFENDANTS #1-25;	:	

**RULE 26 DISCLOSURES OF DEFENDANTS CORY MOODY AND
MOUNT AIRY NO. 1, LLC DBA MOUNT AIRY C ASINO**

A. The name and, if know, the address and telephone of each individual likely to have discoverable information that the disclosing party may use to support its claims or defenses, unless solely for impeachment, identifying the subjects of the information.

Plaintiff Ryan Heilimann
Defendant Cory Moody
Mount Airy Vice President of Operations Matthew Magda
Mount Airy Security Officer Youssoupha Ndao
Mount Airy Director of Security Lianne Asbury
Defendant State Trooper Thomas O'Brien.
Defendant State Trooper Peter Nemschick
Defendant Agent Christopher Cardoni
April Ferguson

In addition, Defendants reserve the right to call any individual listed on the Incident File Full Report, or any other individuals identified on any documents.

B. A copy of, or a description by category and location of, all documents, data compilations and tangible things that are in the possession, custody, or control of the party and that the disclosing party may use to support its claims or defenses, unless solely for impeachment.

The following will be included with Defendants' Document Response and is attached here as well.

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Incident File Full Report with all attachments.

C. A computation of any category of damages claimed by the disclosing party, making available for inspection and copying as under Rule 34 the documents or other evidentiary material, not privileged or protected from disclosure, on which such computation is based, including materials bearing the nature and extent of injuries suffered.

N/A.

D. For inspection and copying as under Rule 34 any insurance agreement under which any person carrying on an insurance business may be liable to satisfy party or all of a judgment which may be entered in the action or to indemnify or reimburse for payments made to satisfy the judgment.

See attached dec sheet.

Defendants reserve the right to supplement this information up to and including the time of trial.

Respectfully Submitted,
HENDRZAK & LLOYD

/s/ Susan Smith Lloyd
SUSAN SMITH LLOYD, ESQUIRE
Attorney ID # 54484
Attorney for Defendants,
Mount Airy No. 1, LLC d/b/a Mt. Airy Casino
And Cory Moody
3701 Corporate Parkway, Suite 100
Center Valley, PA 18034
Tel: (610) 709-8568
Fax: (610) 709-8560
Email: susan.lloyd@zurichna.com

Dated: March 25, 2015

Incident File Full Report	Incident File #IN20120001612
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INCIDENT DATA

Date/Time Occurred: August 26, 2012 3:01	Department Name: Security
Date/Time Created: August 26, 2012 3:13	Owner: cmooddy
Incident Status: Open	Created By: cmooddy
Property: MARC	Location: Gypsies's Nightclub
	Sublocation:

Dally Log #: DL20120079972

Synopsis: Received a land line from Grave 1 stating a Arrest had been made by PSP in the Night Club

Incident Type: Informational

Specific:

Category:

Details: On Sunday August 26, 2012 at approximately 0145 hours, I Cory Moody, Security Shift Manager was contacted via radio transmission by Security Officer Youssoupha Ndao. Officer Ndao requested me to come to Gypsies Night Club. I confirmed and was en route.

Upon my arrival to Gypsies, I observed an unidentified male later identified via New York Stated ID 781-037-411 as Ryan Heilmann 15 School St, Poughkeepsie, NY 12601 DOB 10/23/81 in handcuffs being escorted to the PSP office by Troopers Nemshick and O'Brien. I arrived at the PSP office with Gaming Agent Cardoni. I asked Trooper O'Brien what occurred. Trooper O'Brien stated that they were in Gypsies and they observed Ryan Heilmann reach behind an unidentified female later identified as April Ferguson 4366 Wickham Ave, Bronx, NY 10466 917 742-6639, DOB 5/12/88 and grabbed her behind and started kissing her. April Ferguson pushed Ryan Heilmann away. Trooper O'Brien stated Officer Ndao escorted Ryan Heilmann out and they followed. Trooper O'Brien stated that Ryan Heilmann was intoxicated and he was asked if he can call someone to take him home. Trooper O'Brien stated that Ryan Heilmann became disorderly and was arrested. I observed Ryan Heilmann on the floor yelling. Trooper O'Brien went to move the coat rack which was near Ryan Heilmann. While Trooper O'Brien was moving the coat rack Ryan Heilmann got up to his feet and attempted to kick Trooper O'Brien in the face. Trooper O'Brien pushed Ryan Heilmann to the floor. Trooper O'Brien informed me that Ryan Heilmann will be charged with Harassment, Resisting Arrest, Aggravated assault, Public Drunkenness and Disorderly Conduct. I informed Ryan Heilmann that he is permanently trespassed from MACR and that if he returns to property he will be fine and or arrested. Troopers O'Brien and Nemshick took Ryan Heilmann to Monroe County Jail. I asked Officer Ndao to have April Ferguson complete a voluntary statement. A copy of that statement was given to PSP.

I cleared myself from this incident and resumed normal occupational duties.

Attachments:

Alpha 1 voluntary statement completed by April Ferguson
Bravo 1 Photo of Ryan Heilmann

Reporting Party:

Supervisor:

Incident File Full Report

Incident File #N20120001612

PARTICIPANT DATA

Full Name:

Primary Role:

Secondary Role:

Police Contacted:

Address:

Contact Info:

Participant Type:

Taken From Scene:

Police Contacted Result:

Reporting Party:

Supervisor:

Alpha 1 7/20/2000/6/12



Voluntary Statement

INCIDENT TYPE		<input type="checkbox"/> Guest Injury	<input type="checkbox"/> Employee Injury	<input type="checkbox"/> Bomb Threat
<input type="checkbox"/> Gaming Arrest	<input type="checkbox"/> Guest Dispute	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Emergency Drop
<input type="checkbox"/> Informational	<input type="checkbox"/> Guest Complaint	<input type="checkbox"/> Missing Property	<input type="checkbox"/> Theft	<input type="checkbox"/> Employee Misconduct
<input type="checkbox"/> Vehicle Accident	<input type="checkbox"/> Counterfeit	<input type="checkbox"/> Trespass	<input type="checkbox"/> Other - List in Part D.	
<input type="checkbox"/> Assault	<input type="checkbox"/> Burglary			

Subject Information

<input type="checkbox"/> S <input type="checkbox"/> RP	Name (Last, First, Middle)		Aliases	
<input type="checkbox"/> E <input type="checkbox"/> W	Ferguson April		None	
Residential Address (Street, City, State, ZIP)			Residential Telephone	
4306 W. Chatham Ave. Br. NY 10466				
Social Security Number	Date of Birth	Sex	Race	Place of Birth
	5-12-88	F		
Business or School	Business or School Address (Street, City, State, ZIP)			Business/School Telephone

Incident Narrative:

he was grabbing my behind and kissing my neck. I don't know him and it was weird

917 742-6535

8/26/12		
TYPED NAME OF REPORTING PERSON/EMPLOYEE	TITLE	DEPARTMENT/PROPERTY
EMPLOYEE NAME (Please print)	EMPLOYEE SIGNATURE	DATE

Email completed IR to mmagda@mtairycasino.com ASAP

Revision 1.0 06/21/07

Bravo 1 + video 10001612

MONITOR 15

928-PTZ

Camera 15

12-08-26 02:50:57 40

COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy Number: PRA 5832166-04

**AMERICAN GUARANTEE AND LIABILITY
INSURANCE COMPANY**

Named Insured MOUNT AIRY #1, L.L.C.

Policy Period: Coverage begins 10-08-2011 at 12:01 A.M.; Coverage ends 10-08-2012 at 12:01 A.M.

Producer Name: NORTHEAST INSURANCE

Producer No: 78454-000

Item 1. Business Description:**Item 2. Limits of Insurance**

GENERAL AGGREGATE LIMIT	\$	<u>2,000,000</u>	
PRODUCTS-COMPLETED OPERATIONS AGGREGATE LIMIT	\$	<u>2,000,000</u>	
EACH OCCURRENCE LIMIT	\$	<u>1,000,000</u>	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	<u>500,000</u>	Any one premises
MEDICAL EXPENSE LIMIT	\$	<u>NOT COVERED</u>	Any one person
PERSONAL AND ADVERTISING INJURY LIMIT	\$	<u>1,000,000</u>	Any one person or organization

Item 3. Retroactive Date (CG 00 02 ONLY)

This insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" offense which occurs before the Retroactive Date, if any, shown here: NONE

(Enter Date or "None" if no Retroactive Date applies)

Item 4. Form of Business and Location Premises

Form of Business: CORPORATION

Location of All Premises You Own, Rent or Occupy: See Schedule of Locations

Item 5. Schedule of Forms and Endorsements

Form(s) and Endorsement(s) made a part of this Policy at time of issue:

See Schedule of Forms and Endorsements

Item 6. Premiums

Coverage Part Premium: \$

Other Premium:

Total Premium: \$